



Cindy Hyde-Smith
United States Senator • Mississippi

Privacy Release Form

Consent for Release of Personal Records by Executive Agencies

Name: _____

Address: _____

Phone: _____

Email: _____

Date of Birth: _____

Social Security Number: _____

Veterans Claim Number (if applicable): _____

Name of Agency: _____

Please explain your problem and how my office might be able to do on your behalf. (Attached additional information or documentation.):

Due to the Privacy Act of 1974 (PL 93-579), federal government agencies are prohibited from releasing any information or discussing anything regarding another individual without that individual's written permission. Your signature on this page authorizes me, as your Senator, to contact the proper officials on your behalf, discuss the matter, and receive any pertinent information.

Signature: _____ Date: _____